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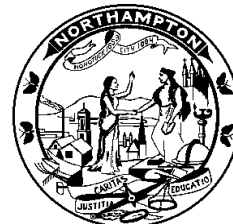
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CITY OF NORTHAMPTON

MASSACHUSETTS 01060

OFFICE OF THE
HEALTH DEPARTMENT



212 MAIN STREET
NORTHAMPTON, MA 01060

APPLICATION FOR HOUSING INSPECTION AND CERTIFICATION OF FITNESS FOR
MASSACHUSETTS RENTAL VOUCHER PROGRAM

Name of Property Owner: _____ Date: _____

Address of Property Owner: _____ Tel: _____

(1) I herewith request a **Housing Code Inspection** and **Certification of Fitness for Human Habitation** for the following () apartment(s). (Give the total number of apartments to be inspected)

(2) Was dwelling Constructed Prior to 1978? Yes ☐ No ☐ _____ Signature of Owner

(3) **Street Address:**

| | |
|---|----------------------------|
| (A) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupant's Name & Phone #: |
| (B) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupant's Name & Phone #: |
| (C) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupant's Name & Phone #: |
| (D) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupant's Name & Phone #: |
| (E) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/> | Occupant's Name & Phone #: |

(If necessary, attach additional sheets to this application if more apartments are to be listed.)

(4) Enclosed is a check for \$ _____ for _____ inspections. (@ \$75⁰⁰ per apartment.)

(5) **NOTE:** If the dwelling(s) to inspected were constructed **prior to 1978** and any children **under the age of six (6) years** reside there, **you MUST have a Licensed Lead Paint Inspector certify, in writing**, that the property is in compliance with the **State Lead Paint Laws – 760 CMR 49.04 (13)**. **A Copy of this Lead Paint Certification Report must be filed with the Board of Health prior to issuance of the MRVP Certification letter.**

(6) Return this application to: **Northampton Board of Health
212 Main Street
Northampton, MA 01060**

MAKE CHECKS PAYABLE to the CITY OF NORTHAMPTON